



EMPOWERMENT SCHOLARSHIP ACCOUNT
2013-2014 SCHOOL YEAR APPLICATION
ELIGIBILITY DETERMINATION

Time Stamp:

Student Name:		Current Grade:	Birth Date:
Address (No P.O Box Please):		City/State:	Zip Code:
County:		Phone:	
Applicant Parent Name:		Address:	
Contact Phone:		E-mail Address:	
How would you like the department to contact you? Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/>			
Please answer the following questions regarding the 2012-2013 school year ONLY :			
Did the student attend an Arizona public school for the first 100 days? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If YES, please provide the following information:			
School # 1			
School District/Charter Holder:		Dates of Attendance: ____/____/____ ➡ ____/____/____	
Public School Attended:			Grade:
School Address:		School Phone:	SAIS#:



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School # 2	
School District/Charter Holder:	Dates of Attendance: _____ \Rightarrow _____/_____/_____
Public School Attended #2:	Grade:
School Address:	School Phone:
School # 3	
School District/Charter Holder:	Dates of Attendance: _____ \Rightarrow _____/_____/_____
Public School Attended #2:	Grade:
School Address:	School Phone:
Please check each box that applies to the student:	
<input type="checkbox"/> Student is identified by a school district as having a disability as defined by A.R.S. §15-761	
<input type="checkbox"/> Student is identified as having a disability under Section 504 of the Rehabilitation Act (29 US Code §794)	
<input type="checkbox"/> Student has an Individualized Education Program (IEP) and is eligible to receive services from a school district pursuant to A.R.S §15-763	
Please indicate the student's primary disability category found on the student's IEP/MET or 504 Plan:	
Please submit at least one of the documents below to support the student's eligibility. No other documentation will be accepted for determination purposes. If your child's IEP, MET or 504 Plan is expiring on or before July 15, 2013 a new one must be submitted.	
<ul style="list-style-type: none">• Individualized Education Program (IEP)• Multidisciplinary Evaluation Team (MET) eligibility determination• 504 Plan	



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This application is for eligibility determination purposes ONLY. If the applicant student is deemed eligible the Department of Education will provide written notice to the applicant which will include:

- Amount of funding available for the student's ESA for school year 2013-2014
- Agreement which must be signed by the parent and submitted to ADE by **June 15, 2013** in order to receive funds for the 2013-2014 school year
- Instructions and restrictions on use of funds

I certify the information provided in this application, including any supporting documentation is truthful and accurate.

Applicant Parent Name

Date

Signature

Please send completed application & additional materials by mail, e-mail or hand delivery to:

Arizona Department of Education
Empowerment Scholarship Account
1535 W. Jefferson Street
Bin #41
Phoenix, Arizona 85007

Applications must be completed and submitted to ADE by

May 1, 2013 at 3pm.

Late applications will **not** be reviewed for the 2013-2014 enrollment cycle.